
Kindergarten to Senior 4
Physical Education/Health Education

Manitoba Curriculum Framework of Outcomes
for Active Healthy Lifestyles

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Overview

Overview

Nature of the Discipline

Kindergarten to Senior 4 Physical Education/Health Education: Manitoba Curriculum Framework of Outcomes for Active Healthy Lifestyles (the Framework) builds on a foundation that unites the two subject areas, physical education and health education. The combined curriculum provides a connected approach to learning about the mind and body that promotes healthy and active living. Student learning outcomes have been designed to support an integrated and holistic approach to using highly active and interactive learning experiences to promote lifelong physical activity and well-being.

Vision

The vision of the Framework is:

physically active and healthy lifestyles for all students.

This Framework adopts a unified vision of physical education/health education for the future. Programming for physical education and health education together heightens the importance of both subject areas and supports a stronger message to students about making safe and healthy lifestyle choices. For example, within the delivery of integrated physical education/health education curriculum, components such as fitness management and interpersonal skills become more meaningful as students experience the health and social benefits of participation in physical activity.

Aim

The aim of the Framework is:

to provide students with planned and balanced programming to develop the knowledge, skills, and attitudes for physically active and healthy lifestyles.

Purpose of the Framework

It is the intent of the Framework to ensure that all students acquire the knowledge, skills, and attitudes to become physically active, and to make health-enhancing decisions designed to improve their personal quality of life. The Framework provides the basis for teaching, learning, and assessment in physical education/health education. It also provides the foundation for the development of physical education/health education implementation documents, and assists administrators and other educational partners with their initial implementation planning processes.

The Framework identifies general student learning outcomes for Kindergarten to Senior 4. Specific student learning outcomes have been identified for Kindergarten to Senior 2, where physical education/health education is a compulsory subject area. Physical education/health education is an optional subject area at Senior 3 and Senior 4.

The design of the Framework encourages educators to make curricular connections with other subject areas, where applicable, to support an integrated approach. Some health-related topics will appear in other subject areas. For example, body systems and nutrition appear in science. It is expected that the inclusion of health components within other subject areas will help to make student learning more relevant and personally meaningful. (Refer to Appendix B: *Curricular Connections* for more details.)

As well, some areas, such as career/life management, human diversity, use of information technology, and sustainable development will appear in all subject areas in support of the broad outcomes of education for Kindergarten to Senior 4.

Background

Both physical education and health education contribute to the development of physical and social-emotional well-being. Previously in Manitoba, there were separate curricula for health education and physical education. The health education curriculum addressed environmental influences and lifestyle as the two most important determinants of well-being. The physical education curriculum used a physical activity and sport model for the promotion of sport participation and performance.

Within this Framework, an integrated approach has been established for health education and physical education programming to provide a stronger message to students related to active and healthy living. The focus is to promote the development of movement and personal management skills for lifelong physical activity and fitness and to reduce health risks

by developing skills and processes for making health-enhancing

decisions for active healthy lifestyles.

The shift in emphasis in the integrated physical education/health education is not intended to be critical of former approaches, but, rather, to emphasize the importance of moving towards health promotion and of addressing risk factors facing our children and youth.

The following statement guided curriculum change for physical education/health education:

The physical education curricula and classroom instruction will undergo significant changes in order to shift the emphasis from physical fitness and exercise to an emphasis on physical well-being. The emphasis will mean that aspects such as knowledge about health and fitness, including nutrition and stress management, prevention of health problems and issues and safety and violence prevention, as well as exercise and fitness will be the focus of an integrated physical education curriculum. Physical education will be designed to lead students to lifelong fitness and to emotional and mental well-being through healthy lifestyles.

The process of developing the Framework has also been guided by current research in physical education and health education. The current literature supports a positive and preventative approach to help students make health-enhancing decisions that will result in active, healthy lifestyles and disease prevention. The research data also indicate that a skill-based approach, rather than a cognitive-based approach, is essential so that students are able to use and apply their learning effectively. Just knowing about being active and healthy is not sufficient.

Students need opportunities to acquire and apply skills to enhance physical and mental-emotional well-being.

Research indicates that traditional knowledge-based programming in health has not been shown to effect significant changes and improvements in skills and behaviours. Effective programming was defined as strategies that result in behavioural change and develop personal-social management skills to prevent a variety of health and social issues.

The research underpinning this Framework emphasizes the importance of decision-making/problem-solving and resistance skill training as part of a broader approach stressing self-efficacy, interpersonal skills, and concrete knowledge. Berliner and Bernard (1995), for example, argue for the development of policies and programming that aim to foster resilience in children and youth. Stemming from biomedical, psychological, and sociological fields, resilience research focusses attention on the variety of complex factors and processes that contribute to how well an individual responds to risk. Resiliency models propose that a variety of predictor variables or personal factors may predispose young people to unhealthy risk-taking, and, dependent upon the interaction of protective processes in their lives, individuals may develop varying levels of resilience to adversity.

Rationale

In today's society, an entire generation of children is provided with increased opportunities to live completely sedentary lifestyles with reduced social interactivity. An increase in stimulating opportunities offered through television and multimedia technology progressively consumes the leisure time of our children and youth, and leads to physical inactivity. Furthermore, physical inactivity has an impact on development of movement skills, fitness management, personal-social well-being, and associated health problems. It is necessary for educators to examine approaches for putting physical activity back into the daily lives of our children and youth. It is a shared

responsibility of the home, school, and community to ensure that students are active on a daily basis and to enable them to make active and healthy lifestyle choices.

The Centre for Disease Control and Prevention (1997), supported by the Canadian Fitness and Lifestyle Research Institute, identifies the significant behaviours that contribute to today's major health issues:

- C inadequate physical activity
- C unhealthy dietary behaviours
- C drug use, including alcohol and tobacco
- C sexual behaviours that result in sexually transmitted diseases/infections and unintended pregnancies
- C behaviours that result in intentional and unintentional injuries

Despite the warnings of educators, scientists, health specialists, and medical professionals, negative health behaviours continue to be major factors in chronic disease. These behaviours are learned by children and youth, and are carried into adulthood.

For all of the above reasons, this Framework is not only critically important to the health and well-being of every school-age child, it is also a viable means of addressing the escalating costs of health care.

Research shows that the development of positive personal attributes is fostered or reinforced by the following characteristics within a child's or youth's family, community, and/or school environment:

- C caring relationships that are trusting, compassionate, and respectful
- C positive, high expectations, which are explicitly communicated, with students receiving adequate support in their efforts to achieve them
- C meaningful opportunities to participate in valued family, school, and community activities
- C supportive caring community that ensure the safety and well being of children

Each of these characteristics has an impact on how children and youth make health-enhancing decisions related to an array of health-compromising situations to which they may be exposed. Throughout the Framework, the emphasis is to develop the physical and social behaviour skills to prevent health and social difficulties. The family, school, and community can all work together to help children and youth develop the resiliency and resistance skills necessary to avoid health problems, and to deal effectively with controversial and sensitive health issues.

The school plays a partnership role in the development of physically active and healthy lifestyles. Movement skills and healthy lifestyle practices are learned throughout the school years, through quality physical education programming, quality health programming, and the integration of health content within other subject areas. Active, meaningful parental, family, and community involvement in the educational process promotes the strongest possible academic, physical, social, and emotional development of children.

Guiding Principles

Based on current research and guided by *A Foundation for Excellence* (1995), the *Kindergarten to Senior 4 Physical Education/Health Education: Manitoba Curriculum Framework of Outcomes for Active Healthy Lifestyles* (1999) reflects the following guiding principles:

1. *Movement skill based* — Students should have the opportunity to have sufficient practice for acquisition and application of the basic movement skills to a variety of physical activities/sports.
2. *Social behaviour skill based* — Students should have the opportunity to have sufficient practice for acquisition and application of personal and social management skills for building positive human relationships, resisting negative social pressures, and making health-enhancing decisions.
3. *Active participation and active learning* — Students should be physically active on a regular basis to develop personal health and fitness. Student participation in active, hands-on, and meaningful experiences is an essential part of the learning process..
4. *Learner centred* — The needs of all learners should be addressed through instruction that is relevant, current, meaningful, and balanced, and offers a variety of choices in learning experiences.
5. *Enjoyable* — Learning experiences should foster maximum participation, social acceptance, safe environments, and personal success.
6. *Developmentally and age-appropriate* — Students' learning should be achieved through appropriate, relevant, and sequential learning experiences that meet the developmental and age-appropriate needs of students.

7. *Involvement of parents¹, families, and communities* — A shared responsibility among the home, school, and community should be adopted for the development and reinforcement of healthy lifestyle behaviours.
8. *Positive and preventative* — The focus in teaching and learning should be on identifying the positive behaviours for active, healthy living that will prevent unhealthy and unsafe situations.
9. *Holistic* — Children should encounter meaningful, experiential activities and materials in purposeful and authentic contexts.
10. *Quality* — Programming should provide a climate that fosters excellence through dedication, determination, creativity, initiative, and high achievement.
11. *Accountability* — Programming should ensure that students achieve the expected general and specific student learning outcomes through effective and efficient use of resources. Each student learning outcome is observable, measurable, and/or reportable to enable connections to be made relative to teaching, learning, and assessment.
12. *Addresses foundation skill areas — Programming should address:*
 - literacy and communication
 - problem-solving
 - human relations
 - technology
13. *Addresses elements of integration — Programming should address:*
 - curriculum integration
 - human diversity
 - sustainable development
 - anti-racist/anti-bias education

- resource-based learning
- differentiated instruction
- Aboriginal perspectives
- gender fairness
- appropriate age portrayals

Key Characteristics

The key characteristics of the Framework are as follows:

1. Student learning outcomes for physical education and health education focus on the development of physically active and healthy lifestyles.
2. Student learning outcomes related to physical education and health education are represented in one document and appear as part of each of the five interrelated general student learning outcomes.
3. The Framework emphasizes a skills-based approach, focussing on skills and behaviours, and their functional application.
4. Health components appear as part of the Framework and as part of other subject area curricula. (Refer to Appendix B: *Curricular Connections* for more details.)
5. Implementation must support a holistic, integrated approach to health that includes a high level of physically active and interactive learning experiences.
6. Student learning outcomes can be achieved using different delivery models best determined by schools and/or school

¹ In this document the term “parents” refers to both parents and guardians and is used with the recognition that in some cases only one parent may be involved in a child’s education.

divisions/districts² through a collaborative school-based planning process. (Refer to Appendix C: *School Division/District Planning Process*)

7. A school division/district planning process must be used to determine local policy related to potentially sensitive content. This content appears in the *Human Sexuality and Substance Use and Abuse Prevention* strands in General Learning Outcome 5 (***Healthy Lifestyle Practices***), and in the *Personal Safety* sub-strand of the *Safety of Self and Others* in General Learning Outcome 3 (***Safety***).

Time Allotments (Kindergarten to Grade 8)

Physical education/health education is a compulsory subject area for Kindergarten to Grade 8. The following minimum time allotments for physical education/health education are recommended. Schools are encouraged to timetable in a manner that suits the composition and specific needs of their school.

- C Kindergarten to Grade 6
 - c 11% of instructional time (75% of the time spent on physical education-related student learning outcomes/25% of the time spent on health education-related student learning outcomes)
- C Grades 7 and 8
 - c 9% of instructional time (75% of the time spent on physical education-related student learning outcomes/25% of the time spent on health education-related student learning outcomes)

² For the purposes of this document, references to school divisions/districts refer to the governing bodies of schools, including school divisions, school districts, Band-operated schools, and funded independent schools and school authorities.

Graduation Requirement (Senior 1 to 4)

Physical education/health education is a compulsory subject area at Senior 1 and Senior 2. The following two credits are required to meet graduation requirements:

- C Senior 1 - one credit that includes 50% of the time spent on physical education-related student learning outcomes and 50% of the time spent on health education-related student learning outcomes
- C Senior 2 - one credit that includes 50% of the time spent on physical education-related student learning outcomes and 50% of the time spent on health education-related student learning outcomes

Credits at each of Senior 1 and 2 can be reported as full credits or as half credits. However, school divisions/districts are encouraged to offer physical education/health education as an integrated full credit to align with the vision of the Framework and to support the interrelatedness of the general student learning outcomes. As well, at Senior 3 and Senior 4, school divisions/districts may offer additional local integrated physical education/health education curricula or other curricula related to physical education/health education such as Physical Education Leadership, Health and Fitness Leadership, Outdoor Education, and Recreational Leadership as compulsory or optional credits. These additional local curricula are expected to have connections to one or more of the five general student learning outcomes in the Framework. Local curricula must be developed/acquired based on Manitoba Education and Training requirements.

Potentially Sensitive Content

Student learning outcomes in the Framework have been developed to address the five major health-risk issues listed in the *Rationale*, and to provide students with the knowledge and skills to make healthy lifestyle choices. Some of the content and issues pertaining to the student learning outcomes may be potentially sensitive for some students and their parents/families and/or communities. This sensitivity may be based on family, religious, and/or cultural values.

The three strands that may contain potentially sensitive specific student learning outcomes are: *Human Sexuality, Substance Use and Abuse Prevention*, and the *Personal Safety* sub-strand within *Safety of Self and Others*. For student learning outcomes related to potentially sensitive issues, schools must seek parental involvement and provide a parental option³ prior to implementation. (Refer to Appendix C: *School Division/District Planning Process* for details.)

There also are student learning outcomes in the Framework that are not considered sensitive but should be treated with sensitivity. These specific student learning outcomes relate to topics such as loss and grief, diversity related to individuals, families, and cultures; healthy weight; body image; dress; and personal hygiene. Teachers are required to follow guidelines as developed through the school division/district planning process

³ A parental option means that parents may choose a school-based or alternative delivery of potentially sensitive content that may appear in strands Substance Use and Abuse Prevention and Human Sexuality, as well as in the personal safety sub-strand. Parents have the right to opt for alternative delivery (e.g., home, professional counselling...) for their child where the content is in conflict with family, religious, and/or cultural values.

on content that requires sensitive treatment. (Refer to Appendix C: *School Division/District Planning Process* for details.)

While the home, peers, church, school, and community are primary sources of values, the media, including the World Wide Web, movies, and videos, provide a mixed and confusing array of values, beliefs, and choices for children, youth, and adults. The communication age has brought new challenges to schools, parents, families, and communities as they help students to deal with contentious issues locally and/or globally. As well, a number of significant and disturbing social trends concern parents and educators, including increased teenage sexual activity, increases in teenage pregnancy, use and abuse of substances, and other health-compromising behaviours. It is important for schools, parents, families, and communities to work together to ensure students have the knowledge and skills to make informed and responsible choices now and for the future.

Involvement of Parents, Families, and Communities

Educators are encouraged to involve parents/guardians and the community in different aspects of the school division/district and school planning processes. The Framework encourages parents, families, and communities to work more closely with educators in areas such as promotion of health, safety, and physical activity.

As in all areas of education, the home, the school, and the community have a shared responsibility to ensure that the environment, programming, and services provide opportunities for students to practise and participate safely in physical activity and healthy living.

Students with Special Needs

School divisions/districts are responsible for establishing local policy and procedures within the context of the provincial policies related to students with special needs⁴. Consideration for students with special needs is an essential component of an inclusionary, learner-centred approach. Physical education/health education programming may necessitate various changes in the form of modifications, adaptations, and/or accommodations to assist a student with limited ability to participate in physical activity.

Modifications or changes to the content of student learning outcomes in the Framework may be necessary for students identified as having significant cognitive disabilities. “Modification” refers to the altering of the number, essence, and content of the curricular outcomes that the student is expected to meet. Refer to the documents *Towards Inclusion: A Handbook for Modified Course Designation, Senior 1-4* (1995) and *Individual Education Planning: A Handbook for Developing and Implementing IEPs, Early to Senior Years* (1998) for guidelines on reporting of student achievement related to specific student learning outcomes that have been modified.

Adaptations may be necessary to facilitate success for some learners. Adaptations are the act of making changes in the teaching process, materials, or student products to help students achieve the expected learning outcomes. They do not involve changes to the content of the student learning outcomes. The adaptations may

occur in the following ways:

- C in choosing facilities, equipment, and resources that are safe and appropriate
- C in collaborating with available support services
- C in planning, teaching, and assessment/evaluation strategies that incorporate a variety of learning approaches considering the student’s needs and disabilities
- C in engaging students in planning, learning, and assessment
- C in designing the frequency, intensity, and duration of physical activity where student learning outcomes require the acquisition and/or application of physical skills

When students are expected to achieve the student learning outcomes, with or without adaptations, teachers should follow regular grading practices and reporting procedures. Refer to the document *Individual Education Planning: A Handbook for Developing and Implementing IEPs, Early to Senior Years* (1998) for guidelines on reporting of student achievement related to specific student learning outcomes that have been adapted.

Special considerations may be necessary for students with physical disabilities who do not have a significant cognitive disability that prevents achievement of skill-related specific student learning outcomes. A physical disability may make it impossible for the student to achieve specific physical education/health education student learning outcomes even with the use of adaptations, especially in situations related to movement. For example, it would be impossible for a student who uses a wheelchair or walker to demonstrate competency in the transport skills identified in the Framework, which include running, hopping, galloping, jumping, and skipping. Teachers are responsible for the identification and adjustment of specific

⁴ The literature frequently refers to Special Needs to include students who have long-term cognitive and/or physical disabilities, including sensory impairments that will affect their ability to perform and achieve expected student learning outcomes. Some examples of disabilities may include spina bifida, muscular dystrophy, muscular atrophy, multiple sclerosis, paraplegia, quadriplegia, cerebral palsy, osteomyelitis, amputations and sensory impairments (e.g., visual impairment, hearing impairments).

outcome for a Senior 1 student with a severe visual impairment.

learning outcomes, where necessary, to address programming needs for each student with a particular physical disability. In the case of a student who uses a wheelchair or walker, the specific learning outcome could be changed to emphasize competency in transport skills specific to moving in a wheelchair or walker through the use of accommodations.

Accommodations consist of adjustment to physical skill-based specific student learning outcomes or substitution of other student learning outcomes in order to make them achievable by students with identified physical limitations, including sensory impairments. Other considerations related to accommodations include:

- C decisions on whether a physical limitation warrants accommodations are to be made at the school level
- C identification of the skill-based specific student learning outcomes needing accommodation depends on the type and severity of the physical limitation
- C accommodations should be closely related to the specific student learning outcomes and be developmentally appropriate
- C information provided by a medical practitioner and allied health professionals (i.e., physical therapist, occupational therapist) should be considered when planning for accommodations
 - where accommodations occur, the information related to these should be included as part of the anecdotal report.
 Accommodations can be reported anecdotally related to each general learning outcome where applicable
- C at Senior Years, the student can complete the regular physical education/health education credit when accommodations are applied

Table I outlines two examples for how specific student learning outcomes could be accommodated. The first is for a *Movement* student learning outcome in the case of a Grade 3 student with a mobility impairment. The second is for a *Safety* student learning

Table I Examples of Accommodation

<i>Type of Limitation</i>	<i>General Student Learning Outcome</i>	<i>Specific Student Learning Outcome</i>	<i>Accommodation</i>	<i>Teacher’s Comments on Student’s Progress and Achievement</i>
Physical Disability (mobility impairment - wheelchair)	Movement	Demonstrate proficiency in basic transport skills (i.e., running, hopping, galloping, jumping, and skipping) (S.1.3.A.1) (Grade 3)	Demonstrate proficiency in <i>wheeling techniques</i> (e.g., <i>stopping with control, turning to the right, turning to the left, turning quickly, backing up, weaving around obstacles...</i>)	The student has demonstrated mastery of the given skills in a specific circuit and in cooperative activities.
Sensory Impairment (visual impairment)	Safety	Demonstrate the skills required to administer basic first aid (e.g., scene management, seeking help, treating minor injuries, applying precautions for handling of body fluids...) (S.3.S1.A.2) (Senior 1)	Demonstrate the skills required to administer basic first aid <i>with assistance</i> (e.g., scene management, seeking help, treating minor injuries, and applying precautions for handling of body fluids...)	The student demonstrated the first aid skills with assistance and responded to the voice cues in a tentative manner.

Students with Medical Problems

School divisions/districts are responsible for establishing local policy and procedures related to students with medical problems⁵ and their ability to participate in physical activity. The school principal bears the responsibility for determining whether a student has met the learning outcomes of the course, and for granting/denying credit (Senior 1 to Senior 4) or passing/failing from Kindergarten to Grade 8 where there are absences due to extenuating circumstances.

School divisions/districts should include the following when establishing local policy and procedures for students with medical problems that limit participation in physical education/health education:

- C establish definition for short-term and long-term absence considering scheduling implications (e.g., may depend on number of physical education classes per week or cycle)
- C require notification from parents/guardians for short-term injuries/medical problems
- C require a medical certificate for students with medical problems that limit or prohibit participation in physical activity for a longer term (e.g., more than two weeks)
- C seek out medical information to include in the child’s specific health care plan, where appropriate

⁵ Medical Problems refers to physical illnesses, conditions, injury, or treatment that are generally of a temporary and/or recurring nature, and, that limit participation in physical activity, such as mononucleosis, diabetes type I and type II, cystic fibrosis, severe allergies, respiratory problems, broken bones, sprains/strains, surgery, and cancer treatment.

- establish a means of communication for seeking further information or direction related to policy and supports for children with special health care needs (e.g., contact divisional student service administrator)
- C provide adaptations where possible
- C refer to any available medical information when planning appropriate adaptations
- C follow regular grading practices and reporting procedures when students with medical problems are expected to achieve the student learning outcomes, with or without adaptations

At Senior Years, two credits of physical education/health education are compulsory. Where a student's temporary physical limitations and/or medical problem prohibits him/her from participating in physical activity, it may be possible, depending on timetabling and scheduling, to **reschedule** the credit to another semester or year. In certain cases, it may be possible to apply **accommodation** procedures for students with medical problems. For example, during the last semester of Senior 4, student learning outcomes could be adjusted to accommodate a student who has sustained an injury that limits the achievement of some physical skill-based outcomes.

Where none of the above options is possible, and the physical education/health education credit cannot be obtained, the credit must be **substituted** from an other subject area. In such a case, medical documentation is necessary to explain the substitution when recording student marks and credits locally.

Table II outlines the options schools may provide based on local school division/district procedures and policy.

Table II Summary of Options for Students With Special Needs and/or Medical Problems

<i>Options</i>	<i>Definition</i>	<i>Application</i>	<i>Reporting Requirements</i>
<i>Modifications</i>	The altering of the number, essence, and content of the student learning outcomes that the student is expected to meet.	For a student identified as having significant cognitive disabilities.	Refer to <i>Toward Inclusion: A Handbook for Modified Course Designation, Senior 1-4</i> (1995) and <i>Individual Education Planning: A Handbook for Developing and Implementing IEPs, Early to Senior Years</i> (1998).
<i>Adaptations</i>	The act of making changes in the teaching process, materials, or student products to help students achieve the expected student learning outcomes.	To facilitate success for all learners without making changes to the student learning outcomes.	Follow regular grading practices and reporting procedures. Refer to <i>Individual Education Planning: A Handbook for Developing and Implementing IEPs, Early to Senior Years</i> (1998).
<i>Accommodations</i>	The adjustment of physical skill-based specific student learning outcomes or the substitution of other student learning outcomes in order to make them achievable by students with identified physical limitations including sensory impairments.	For student learning outcomes which the student can not achieve due to a physical disability or, in exceptional cases, for students with physical limitations and/or medical problems.	Follow regular grading practices and reporting procedures. Information about accommodations is included as part of the anecdotal reporting and the student completes a regular credit.
<i>Rescheduling</i>	The process of completing the requirements for credit in an alternate semester, trimester, or year.	For Senior Years students who can not achieve the required credit due to a temporary physical limitation.	Follow regular grading practices and reporting procedures.
<i>Substitution</i>	The process of replacing part or all of the physical education/health education credit with another credit.	For Senior Years students who, because of exceptional circumstances, can not achieve the required credit due to a physical limitation.	Documentation is required to explain the medical reason for the substitutions when recording student marks and credits at the local level.

Safety and Liability

Safety is of particular concern in planning and implementing physical education/health education. The primary responsibility and legal liability for ensuring safe practices rest with the school division/district and its employees.

Schools must develop safe routines and procedures, and teachers need to be knowledgeable of the best safety practices, whether teaching, learning, and assessment take place in the classroom, gymnasium, playground, or alternative environments. Teachers responsible for providing a wide variety of challenging movement experiences in physically active settings must anticipate hazards and minimize the risk inherent in physical activity. Expertise in physical

activity management is essential. For some specific physical activities/programming, such as aquatics and Cardiopulmonary Resuscitation (CPR), it is recommended that certified training be required.

As a general rule, teachers will be held to the standard of care of a careful parent of a large family, considering such factors as the number of students being supervised, the age, maturity, level of skill and knowledge, and behavioural propensities of the students, the nature of the activity, the type of equipment being used, and the location of the activity. Staff members responsible for a subject area requiring expertise may be held to a higher professional standard of care. For example, a physical education teacher may be presumed to know more about the dangers inherent in artistic gymnastics than would the average parent. Accordingly, he or she may be held to the standard of physical education specialists with training and experience in artistic gymnastics.

Sections 86, 87, and 89 of The Public Schools Act address exemption from liability in areas of physical education, and may provide some degree of exemption from liability and negligence.

However, it is important that school divisions/districts be aware that it is their primary responsibility for ensuring safe practices when planning and implementing physical education/health education.

In several litigations resulting from students' being injured during physical education classes, Canadian courts have demonstrated a clear departure from "the careful and prudent parent" standard of care when assessing teacher negligence, adopting instead a "professional" standard of care.

Trial courts, therefore, have concluded that the standard of care to be exercised in the context of instruction in a physical education class can frequently exceed the "careful parent of a large family" test, since many physical education activities require specialized

knowledge, training, and experience of the teacher. For example, where students are engaging in artistic gymnastics activities, the teacher and school authorities will be required to act as a careful and prudent person having the specialized expertise demanded of an artistic gymnastic instructor.

The Supreme Court of Canada has established four criteria to determine the necessary and appropriate standard of care within the context of physical education:

- C Is the activity suitable to the age, mental, and physical condition of participating students?
- C Have the students been progressively taught and coached to perform the activity(ies) properly and to avoid the dangers inherent in the activity(ies)?
- C Is the equipment adequate and suitably arranged?
- C Is the activity being supervised properly in light of the inherent danger involved?

Organizational Structure

The purpose of this section is to provide information on the organizational structure of the Framework. Pertinent conceptual and technical details are also explained for ease in reading the Framework.

Student Learning Outcomes

Student learning outcomes are concise descriptions of the knowledge and skills that students are expected to learn in a course or grade in a subject area (*A Foundation for Excellence*, 1995). Learning outcomes are expressed as general student learning outcomes and specific student learning outcomes.

General Student Learning Outcomes

General student learning outcomes are broad statements identifying the knowledge, skills, and attitudes that students are expected to demonstrate with increasing competence and confidence from Kindergarten to Senior 4. The general student learning outcomes are interrelated, cumulative, and interdependent. It is expected that each outcome will be achieved through a variety of learning experiences contributing to physically active and healthy lifestyles.

The five general student learning outcomes, as well as the icons that represent each in the Framework, are as follows:



1. Movement

The student will demonstrate competency in selected movement skills, and knowledge of movement development and physical activities with respect to different types of learning experiences, environments, and cultures.



2. Fitness Management

The student will demonstrate the ability to develop and follow a personal fitness plan for lifelong physical activity and well-being.



3. Safety

The student will demonstrate safe and responsible behaviours to manage risks and prevent injuries in physical activity participation and in daily living.



4. Personal and Social Management

The student will demonstrate the ability to develop self-understanding, to make health-enhancing decisions, to work cooperatively and fairly with others, and to build positive relationships with others.



5. Healthy Lifestyle Practices

The student will demonstrate the ability to make informed decisions for healthy living related to personal health practices, active living, healthy nutritional practices, substance use and abuse, and human sexuality.

Specific Student Learning Outcomes

Each general student learning outcome is further developed by specific student learning outcomes, which are categorized under strands, sub-strands, and sub-themes within this Framework.

Strand

A “strand” is a cluster of specific student learning outcomes within a general student learning outcome. It is an organizer for general topic areas.

Sub-Strand

A “sub-strand” organizes specific student learning outcomes within strands. Sub-strands represent specific topics within a strand.

Sub-Themes

A “sub-theme” organizes specific student learning outcomes within sub-strands. Sub-themes identify more specific content related to the sub-strand.

A *Guide to Reading the Outcomes* using the code is found on page 19. From left to right, the five- to six-digit code that precedes each specific student learning outcome (e.g., K.1.5.B.1.a) refers to the following:

K	Knowledge (K.) or Skill (S.)
1	General Student Learning Outcome number
5	Grade
B	Strand
1	Sub-strand
a	Sub-theme within a sub-strand (when appropriate)

Abbreviations

PE/HE - physical education/health education

PE - physical education

HE- health education

“GLO” - General Student Learning Outcome

“SLO” - Specific Student Learning Outcome

The “i.e.” refers to content that is expected to be taught, learned, and assessed in relation to the specific student learning outcome.

The “e.g.” refers to examples that could be addressed in the context of the specific student learning outcome.

Attitude Indicators

Attitude indicators represent the desired beliefs, feelings, or values for leading physically active and healthy lifestyles. However, developing positive attitudes toward active and healthy living goes beyond what is learned in physical education/health education. Attitude development is a lifelong process that involves the schools, parents, families, communities, and society at large.

Attitudes are a function of one’s beliefs about the perceived consequences of carrying out a particular action, and a personal evaluation of those consequences. Attitude formation is considered to be a product of personal experiences, emotional reactions (to experiences), and the influence of others, all of which contribute to a larger belief system that has an impact upon behavioural intention. Students are to be always encouraged to develop positive attitudes for making responsible and health-enhancing decisions for physical and social-emotional well-being. In order for positive attitudes to be developed, the creation of emotionally safe, enjoyable, personally meaningful, and challenging learning environments must

be a priority in every school.

While attitudes are difficult to measure, the Framework provides attitude indicators as part of each general student learning outcome. The purpose of the attitude indicators is to define the desired attitudes and to guide teachers in anecdotal reporting. Attitude indicators are listed on the summary pages preceding each general student learning outcome section.

Icons

In the scope and sequence charts and specific student learning outcome charts for each GLO, icons are used to indicate three stages; introductory, acquisition, and maintenance. Where an icon doesn't appear in a column for a certain sub-strand and grade, this means that it is not expected that teaching and assessing will occur in that particular year. As well, it may indicate that the content is embedded in another strand area.

- f* **Introductory Stage:** Students are to begin learning experiences leading to the specific student learning outcomes (concepts, procedures, knowledge, skills) in the succeeding grade(s). This stage can include teacher modelling and direction for students. Initial teaching occurs but the knowledge or skill relative to the strand is not stated as an independent specific learning outcome. Related skills and knowledge may be addressed, but student achievement relative to the specific student learning outcomes is not expected to be measured or reported formally.
- “** **Acquisition Stage:** Students are expected to achieve the specific student learning outcome in the designated grade. Student achievement relative to the specific student learning outcome is expected to be observed, measured, and/or reported formally.

- #** **Maintenance Stage:** Learning experiences must be planned and provided to students to review, reinforce, and maintain the specific student learning outcome acquired in previous years. Achievement relative to the specific student learning outcome may be measured and/or reported occasionally.

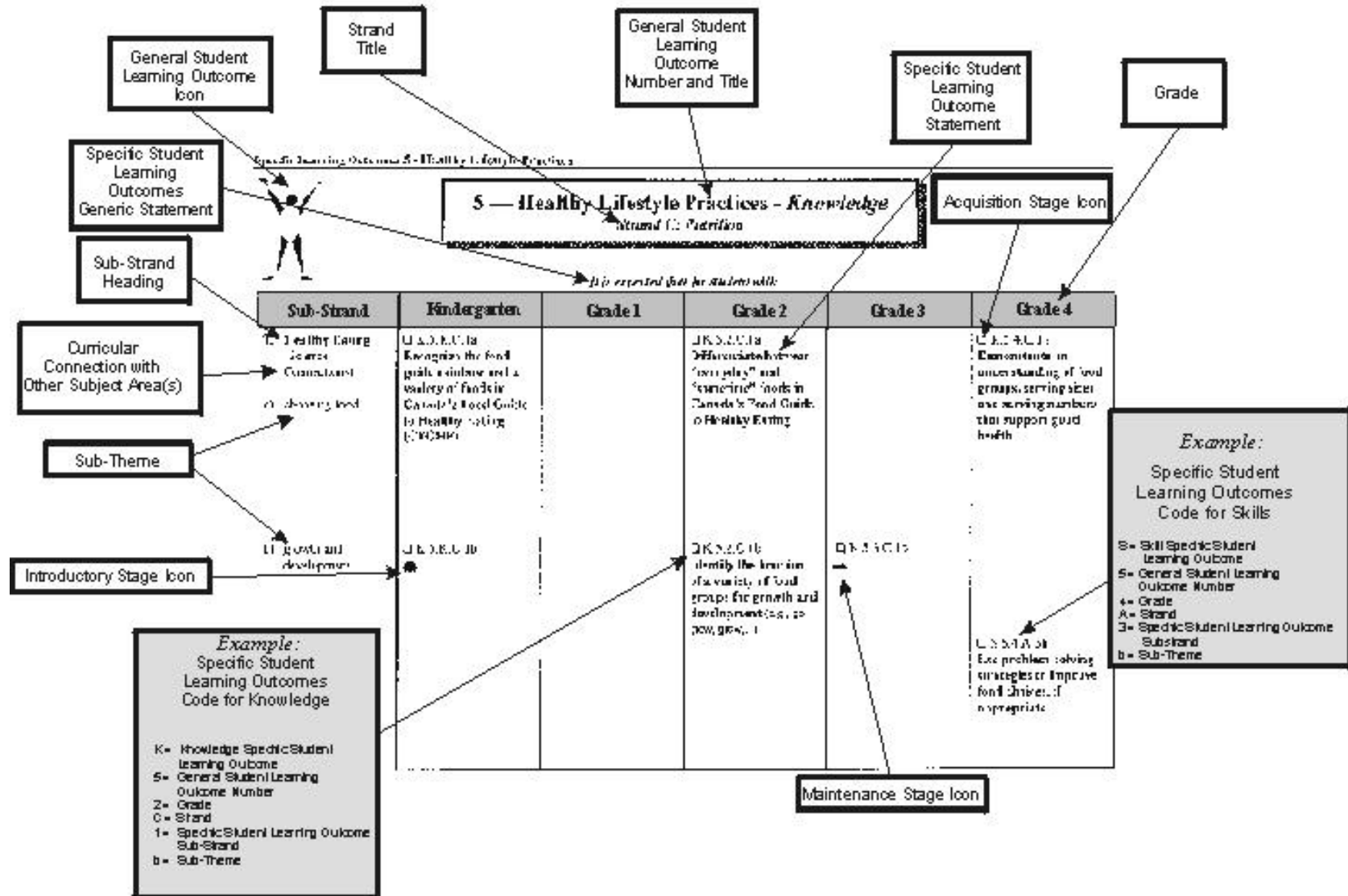
Curriculum Map

The Curriculum Map outlines the organizational structure of the general and specific student learning outcomes. The map also makes curricular connections by indicating other subject areas with specific student learning outcomes that address the physical education/health education strands. (Refer to page 20)






Conceptual Framework

The Conceptual Framework illustrates the key components upon which Manitoba physical education/health education curriculum is based. The design of the Framework supports the vision: “physically active and healthy lifestyles for all.” (Refer to Page 21)

A Guide to Reading the Outcomes



The Curriculum Map for *Kindergarten to Senior 4 Physical Education/Health Education: Manitoba Curriculum Framework of Outcomes for Active Healthy Lifestyles*

General Student Learning Outcomes	1. Movement 	2. Fitness Management 	3. Safety 	4. Personal and Social Management 	5. Healthy Lifestyle Practices 
Description	<i>The student will demonstrate competency in selected movement skills, and knowledge of movement development and physical activities with respect to different types of learning experiences, environments, and cultures.</i>	<i>The student will demonstrate the ability to develop and follow a personal fitness plan for lifelong physical activity and well-being.</i>	<i>The student will demonstrate safe and responsible behaviours to manage risks and prevent injuries in physical activity participation and in daily living.</i>	<i>The student will demonstrate the ability to develop self-understanding, to make health-enhancing decisions, to work cooperatively and fairly with others, and to build positive relationships with others.</i>	<i>The student will demonstrate an ability to make informed decisions for healthy living related to personal health practices, active living, healthy nutritional practices, substance use and abuse, and human sexuality.</i>
Knowledge Strands (Acquiring knowledge/understanding)	<ul style="list-style-type: none"> A. Basic Movement (SC, MA, The Arts)* B. Movement Development C. Activity-Specific Movement 	<ul style="list-style-type: none"> A. Fitness Components (SC, MA)* B. Fitness Benefits C. Fitness Development 	<ul style="list-style-type: none"> A. Physical Activity Risk Management (SC)* B. Safety of Self and Others (SC, SS)* 	<ul style="list-style-type: none"> A. Personal Development (All)* B. Social Development (All)* C. Mental-Emotional Development (All)* 	<ul style="list-style-type: none"> A. Personal Health Practices (SC) B. Active Living (SC, MA)* C. Nutrition (SC, MA)* D. Substance Use and Abuse Prevention (SC)* E. Human Sexuality (SC,
Skill Strands (Acquiring and applying skills)	<ul style="list-style-type: none"> A. Acquisition of Movement Skills (The Arts, SS)* B. Application of Movement Skills to Sport/Games C. Application of Movement Skills to Alternative Pursuits D. Application of Movement Skills to Rhythmic/Gymnastic Activities 	<ul style="list-style-type: none"> A. Acquisition/ Application of Fitness Management Skills to Physical Activity and Healthy Lifestyle Practices (SC, MA)* 	<ul style="list-style-type: none"> A. Acquisition/ Application of Safe Practices to Physical Activity and Healthy Lifestyle Practices 	<ul style="list-style-type: none"> A. Acquisition of Personal and Social Management Skills to Physical Activity and Healthy Lifestyle Practices 	<ul style="list-style-type: none"> A. Application of Decision-making/ Problem-solving Skills to Physical Activity and Healthy Lifestyle Practices

* Curricular connections: SC-Science; SS-Social Studies; LA-Language Arts; MA- Mathematics; The Arts-Music, Visual Arts, Drama, Dance; All-All Subject Areas.

*Kindergarten to Senior 4 Physical Education/Health Education:
Manitoba Curriculum Framework of Outcomes for Active Healthy Lifestyles*

CONCEPTUAL FRAMEWORK

